PTO/SB/17 (06-07)
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Under the Pap	srwon Reduction Act of 19	rato, no person are require	so respond to a collect	cond to a collection of information unless it displays a valid QMB control number.				
Fees pursuent to th	A sufficient in M	Complete if Known Application Number 10/089,696-Conf #5503						
	3 1 4 5 1 1 1 1	. 455		13, 2002				
FEE TRANSMITTAL			First Named		Yukoh HIEI			
For FY 2007			Examiner Nar	A LACOURD HAR OTHER A LACOURD A LACO				
Applicant	Art i Init	Art Unit 1661						
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00			_	Attorney Docket No. 0760-0304P				
METHOD OF PAYMENT (check all that spoly)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account General Account Namer 02-2448 Deposit Account Name Birch, Stewart, Kolasich & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Ty	pe Fee.(\$)	Small Entity Fee (\$) Fe	Small Entit (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300		00 250	200	100			
Design	200	100 1	00 50	130	65			
Plant	200	100 3	00 150	160	80			
Reissue	300	150 5	00 250	600	300			
Provisional	200	100	0 0	0	0			
z. EXCESS CLAIM FEES Small Entity								
Each claim over 20 (including Reissues)						Fee (S)	Fee (\$)	
Each independent claim over 3 (including Reissues)						50 200	25 100	
Multiple dependent claims						360	180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)				Multiple Dependent Claims				
x				Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.								
indeg. Claims Extra Claims Fee (\$) Fee Paid (\$)								
HP > highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size for due is \$250 (\$125 for small entity) for each additional 50 sheets or fluction thereof. See \$3 U.S.C. 4 (fall)(1/G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional SC or fraction thereof Fee (5) Fee Paid (5)								
4. OTHER FEE(S) Foos Paid (\$)								
Non-English	Specification, \$130	fee (no small entity of	liscount)			LXXX.	a.mm.aki	
Other (e.g., late filing surcharge): 1401 Notice of appeal 1253 Extension for response within third month						500.00 1,020.00		
SUBMITTED BY								
Signature	1/2011	477 86C	Registration No. (Attorney/Agent)	28,977	Telephone	(703) 20	5-8000	
Name (ProstType) Gerald M. Murphy, Jr.					Date	Date July 10, 2007		
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